

Steve Sisolak, Governor



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## STATE OF NEVADA BOARD OF ORIENTAL MEDICINE

Dear Applicant:

Thank you for your expressed interest in obtaining a license in the State of Nevada **by endorsement** under the jurisdiction of the Board of Oriental Medicine. The following are instructions to help you in completing your application; please read through them carefully.

**\*Please visit our website at <http://orientalmedicine.state.nv.us> and read through it to familiarize yourself with our regulations before completing your application to make sure that you comply with our licensure requirements.**

**\*This application is specifically for license by endorsement per Senate Bill 69 of the 2017 Nevada Legislature. Note that this application is for licensure by endorsement in compliance with SB 69, NRS 634A.120, and NRS 634A.140.**

1. Read the entire application before writing a single answer. By familiarizing yourself with the questions and the paperwork you can better organize your time and provide more complete answers. Please complete all pages of the application.
2. Write legibly. If the application is illegible it will not be processed in a timely manner.
3. Contact your Oriental Medical school/training program for transcripts and have them send the paperwork, sealed and certified, directly to our board office. There also should be a letter from your school/training program verifying that you have graduated and had training in herbology. There might be a fee for these documents. Please call ahead and inquire what the fee will be and attach it along with your request for the transcripts. Any transcripts or translation fees will be an additional cost incurred by you.
4. Copies of National score reports, which show results from passing the exams for the **Oriental Medicine Certification** and being certified from the National Organization NCCAOM, must be sent directly to the board office from NCCAOM.
5. Copies of valid licenses held in the District of Columbia or any state or territory of the United States or foreign country for at least 6 of the 8 years immediately preceding the date of the application.

6. Obtain and submit with your application any documents that are relevant to the applicant's background and personal history for the Board's investigation (i.e. judgment of conviction, satisfaction of judgment, or order resolving disciplinary action in another jurisdiction).
7. Verification of licensure from another state or membership in professional societies, if applicable, should be sent directly to the board from the institution sealed and certified. There may be a fee for these documents, please call ahead and inquire what those fees might be.
8. Pages 13, 14 and 16 of the application must be notarized. The release and declaration statements must be submitted to the board's office as part of the completed application.
9. Page 16: Any person can attest to your good character and moral behavior because they have worked with you or belong to the same personal or professional organizations. It cannot be your married spouse, a relative by marriage, or a blood relative. Please send in at least one attestation with your application packet.
10. Attach a money order, cashier's check or personal check in the amount of One Thousand dollars (\$1,000.00) made payable to the Nevada State Board of Oriental Medicine for the application fee. This fee is for the processing of your application only. If you do not submit a fee of \$1,000.00 with your application to the Board, your application will not be accepted or processed.
11. Fingerprints: Once you have submitted your application to the Board. You will receive notification of your application received. Your fingerprints must be done by an authorized person at any authorized place authenticated by any local governments such as police departments, Sheriff's office or a medical facility. There is a \$40.25 fee for processing your fingerprint cards. You only need to submit one fingerprint card. The fee is paid to the Department of Public Safety (DPS) and must be in the form of a Cashier's Check. If any further investigations are needed the costs arising from extra investigations are the applicant's responsibility. Fingerprints must be readable. If your fingerprint card cannot be processed, it must be done again and additional fees may be required. Also, for your fingerprints to be processed, please print out the Fingerprint Background Waiver form on our website, fill it out, sign it and include it with your application. Your application cannot be completed without the fingerprint results.
12. The application process may take a minimum of six (6) months. State Board exams are given twice per year in June and December. The deadline to submit your application to the board is June 30 (for eligibility to take the December exam) or December 31 (for eligibility to take the June exam) each year. There are no exceptions or extensions for these deadline dates. The fee to take this State Board exam is \$1,000.00 (One Thousand Dollars). This fee is in addition to the application fee and is due upon approval to sit for the practical examination. The Executive Director will contact the applicant regarding exam scheduling once a completed application is approved.

Sincerely,  
Maggie Tracey, O.M.D.  
*President*

## **APPLICATION CHECKLIST**

### **All applicants must have:**

\_\_\_\_\_ Successfully completed an accredited program of study in Oriental medicine at a school or college of Oriental medicine;

\_\_\_\_\_ A letter from the school verifying that the program of study MUST HAVE included training or instruction in the subject of herbology;

\_\_\_\_\_ Copies of valid licenses held in the District of Columbia or any state or territory of the United States or foreign country for at least 6 of the 8 years immediately preceding the date of the application sent directly from the issuing agency;

\_\_\_\_\_ Certified copies of any diplomas, transcripts, licenses and certificates will be forwarded directly to the Board from the issuing entity;

\_\_\_\_\_ Evidence of passing the examinations and being certified for the Oriental Medicine Certification by NCCAOM;

\_\_\_\_\_ Completed Fingerprint Background Waiver form (from our website under FORMS);

\_\_\_\_\_ 1 Fingerprint Card enclosed along with \$40.25 fee in the form of a cashier's check made payable to the **Department of Public Safety**;

\_\_\_\_\_ Bachelor's degree from an accredited college or university in the U.S. (if applicable)

**NAC 634A.230 Payment of fees and remittances; refund of application fee (NRS 634A.070, 634A.110)**

1. Fees and remittances must be paid to the board by money order, bank draft or check payable to "State Board of Oriental Medicine." Remittances in currency or coin are wholly at the risk of the remitter and the board assumes no responsibility for their loss. Postage stamps will not be remitted.
2. The board will not refund any part of the application fee to an applicant if the applicant:
  - (a) Does not complete his application by providing all the documentation required by the form for application within 6 months after the actual date of filing of the form by the applicant;
  - (b) Withdraws his application; or
  - (c) Dies before he is issued a license by the board.

[Bd. Of Oriental med., Rule 2.4, eff. 7-26-77]-(NAC A by R071-02, 11-25-02)



## APPLICATION FOR LICENSURE BY THE STATE OF NEVADA BOARD OF ORIENTAL MEDICINE

Read the following paragraph carefully before signing this application.

***The undersigned hereby applies for a license under NRS Chapter 634A with full knowledge that all statements made in this application may be subject to investigation, including a check of fingerprints, police records, and former employers. Any false or dishonest answers to any questions in this application may be grounds for refusal, subsequent revocation or suspension of a license.***

Write your name in your native language or characters and in English

Native: \_\_\_\_\_

English: \_\_\_\_\_

If you have a police or government Identification Card from your native country please write the identification number below along with your name:

I, \_\_\_\_\_, No: \_\_\_\_\_  
depose and say that I am an applicant for licensure to practice Oriental Medicine in the State of Nevada, as a Doctor of Oriental Medicine.

I hereby attest that I am the identical person to whom the diploma(s), degree(s) and/or license(s) identified herein were originally granted.

*The undersigned hereby declares under penalty of perjury, under the law of the State of Nevada, in accordance with NRS 199.120, that all statements contained herein are true and correct to the best of his/her knowledge and belief.*

Executed on \_\_\_\_\_ (Date)

Signature of Applicant:

## **Information of Undergraduate School of College or University attended**

1 .

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

2 .

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

3 .

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

4 .

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

## Information of School or College of Oriental Medicine attended

1 .

Name of School		
Address of Location		
Term (From – To)		
Length (Years & Months)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	(                      ) Didactic Hours (                      ) <u>Clinical Hours</u>	
	(                      ) Total Hours	

2 .

Name of School		
Address of Location		
Term (From – To)		
Length (Years & Months)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	(                      ) Didactic Hours (                      ) <u>Clinical Hours</u>	
	(                      ) Total Hours	

3 .

Name of School		
Address of Location		
Term (From – To)		
Length (Years & Months)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	(                      ) Didactic Hours (                      ) <u>Clinical Hours</u>	
	(                      ) Total Hours	

4 .

Name of School		
Address of Location		
Term (From – To)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	(                      ) Didactic Hours (                      ) <u>Clinical Hours</u>	
	(                      ) Total Hours	

## Licensure Screening Questions

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of a crime of moral turpitude? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever had a license issued by a governmental agency which had some type of disciplinary action taken against you? (i.e. suspension, revocation, probation, restriction, etc.) YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been addicted to the use of narcotics? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been addicted to alcohol? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been expelled from a professional society? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Have you a physical condition, which may impact your ability to practice Oriental Medicine? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you a mental condition, which may impact your ability to practice Oriental Medicine? YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "YES" to any of the above, give details on a separate sheet of paper.

## Professional Information

List all Societies of which you are, or have been, a member. You must be specific and complete.

Name	Address	Dates (From – To)	Other Information

Do you hold, or have you ever held, a license issued by a governmental agency to practice Oriental Medicine in any country? YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", please have the issuing entity send a copy of verification to the Board of Oriental Medicine.**

When was it issued? \_\_\_\_\_ Expiration \_\_\_\_\_

Where was it issued? \_\_\_\_\_

What is the License Number? \_\_\_\_\_

Issuing Agency? \_\_\_\_\_



**SB 69 Licensure By Endorsement Screening Questions**

1. Are you a citizen of the United States? YES \_\_\_\_\_ NO \_\_\_\_\_
  
2. Have you ever been disciplined by any regulatory authority of the District of Columbia or any state or territory in which you currently hold or have held a license to engage in the practice of Oriental Medicine? YES \_\_\_\_\_ NO \_\_\_\_\_
  
3. Have you ever been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to your practice of Oriental Medicine? YES \_\_\_\_\_ NO \_\_\_\_\_
  
4. Have you ever had a license to engage in the practice of Oriental Medicine suspended or revoked in the District of Columbia or any state or territory of the United States? YES \_\_\_\_\_ NO \_\_\_\_\_
  
5. Have you ever been refused a license to engage in the practice of Oriental Medicine in the District of Columbia or any state or territory of the United States for any reason? YES \_\_\_\_\_ NO \_\_\_\_\_
  
6. Do you have any pending disciplinary actions concerning your license to engage in the practice of Oriental medicine in the District of Columbia or any state or territory of the United States? YES \_\_\_\_\_ NO \_\_\_\_\_

## **Information of a National Exam which was passed by the Applicant**

1 .

Name of National Exam	
Address	
Date of the Exam	
Module(s)	
Name of Administrative Body	

2 .

Name of National Exam	
Address	
Date of the Exam	
Module(s)	
Name of Administrative Body	

3 .

Name of National Exam	
Address	
Date of the Exam	
Module(s)	
Name of Administrative Body	

4 .

Name of National Exam	
Module(s)	
Date of the Exam	
Subjects	
Name of Administrative Body	

5 .

Name of National Exam	
Module(s)	
Date of the Exam	
Subjects	
Name of Administrative Body	

## Personal Information

Name: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Present Mailing Address (if different from):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long were you at this address? \_\_\_\_\_

If the above address covers less than ten (10) years, list on a separate sheet of paper other full addresses for the last ten (10) years. Please specify length of time at each residence.

Your Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Your Place of Birth by City, State, or Country: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ List any identifying characteristics, scars, tattoos: \_\_\_\_\_

Have you been, or are you in, Military Service: YES \_\_\_\_\_ NO \_\_\_\_\_

Country Served: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Final Rank: \_\_\_\_\_

Specialty: \_\_\_\_\_ Military Serial No: \_\_\_\_\_

Dates of Military Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Are you a native born United States Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_

If "NO" are you a naturalized US Citizen?

Naturalization Certificate Number: \_\_\_\_\_

If you are a Resident Alien, give Registration Number: \_\_\_\_\_

If a visitor to the United States, give class of Admission as stamped on your "Arrival/Departure Record": \_\_\_\_\_

Have you ever held a business license? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", Where and What was the nature of the business? \_\_\_\_\_

What is/was the business license number(s): \_\_\_\_\_

## Information Regarding Clinical Practice

1 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

2 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

3 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

4 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

5 .

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

**Consent to Investigation and Release of Information**  
**(YOUR SIGNATURE MUST BE NOTARIZED)**

I, \_\_\_\_\_, do hereby give my consent to an investigation by the Nevada State Board of Oriental Medicine, or to any person acting in its behalf, into all relevant facts in my personal and professional training, background and experience in connection with this application for a license to practice in the State of Nevada as a Doctor of Oriental Medicine.

I do further consent to having a set of my fingerprints (a copy of which is attached to this application) submitted by the Board to any law enforcement agency in connection with this application. I do further agree to pay any and all costs or expenses incurred in the making of the required investigation and do herewith submit as part of this Application, an application fee of One Thousand Dollars (\$1,000.00) to be used in whole or in part for said investigation. In the event that investigative costs exceed this amount, I agree to pay in full, all such amounts due.

*Statement of Permission*

I agree to allow the State of Nevada Board of Oriental Medicine to communicate with any person in connection with this application. I will hold the Board, its members, officers and agents free from any liability or complaint by reason of any action they, or any of them, may take in connection with the Board's investigation of my professional training, and experience or personal background.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirm) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_, proved to me on the basis of satisfactory  
evidence to be the person who appeared before me.

\_\_\_\_\_  
Notary Public

**Declaration as to Previous Registration or Examination  
(YOUR SIGNATURE MUST BE NOTARIZED)**

I, \_\_\_\_\_ do hereby declare that I am the applicant who signed the foregoing application; that the photograph of myself hereunto attached was taken on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My age at that time being \_\_\_\_\_ years. I further state that no certificate or license issued to me by any authority has ever been revoked or suspended. I further state that I have not, previous to this date, applied for examination, licensure or registration to any Board of Examiners, except as follows:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirm) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

---

Notary Public

**Attestation to Safe and Appropriate Injection Practices  
(YOUR SIGNATURE MUST BE NOTARIZED)**

I, \_\_\_\_\_, pursuant to NRS 634A.144, hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirm) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

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Notary Public

## Child Support Information

*Pursuant to Federal Legislation and Nevada's Welfare Reform Package, this form must be completed and returned to the office of the Nevada State Board of Oriental Medicine along with your application form.*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please circle the number of the statement which best describes your situation:

1. I am NOT subject to a court order for the support of one or more children.
2. I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
3. I am subject to a court order for the support of one or more children and am NOT in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I certify that all of the above disclosures are true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Affidavit of Moral and Professional Character**  
**(SIGNATURE MUST BE NOTARIZED)**

*This portion must be completed by a non-relative and submitted along with your application for licensure.*

I, \_\_\_\_\_ being duly sworn, deposes and states that I  
reside at \_\_\_\_\_, in the City of \_\_\_\_\_  
in the County of \_\_\_\_\_, in the State of \_\_\_\_\_ in the  
Country of \_\_\_\_\_ and am personally acquainted with  
\_\_\_\_\_ (Identify applicant by name), and know him/her to  
be the identical person named in the accompanying application, and he/she is of good moral and  
professional character.

My relationship with the applicant is or has been as \_\_\_\_\_.

Print your full name: \_\_\_\_\_

Print your address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to (or affirm)  
before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_,  
proved to me on the basis of satisfactory evidence  
to be the person who appeared before me.

\_\_\_\_\_  
Notary Public